

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

1730	51
OMB A	PPROVAL
OMB Number:	3235-0076
Expires:	November 30, 2001
Estimated average	burden
hours per response	16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix			Serial			
	DA	TE RECEIV	ED			
	,					

Name of Offering (Quellos Private Capita				cate change.)	
Filing Under (Check bo		□ Rule 504	□ Rule 505	■ Rule 506	□ Section 4(6) □ □ Section 4(6)
Type of Filing:	➤ New Filing	☐ Amendment			
	The state of the s	A. BASIC II	DENTIFICATI	ON DATA	APR % 3 2002)
1. Enter the information	requested about the is	suer		···-	
Name of Issuer (☐ chec Quellos Private Capita			-	change.)	(2) 165
Address of Executive O 601 Union Street, 56 th		Number and Street, gton 98101	City, State, Zip Co	ode.) Telepho (206) 61	ne Number (Including Area Code) 3-6700
Address of Principal Bu (if different from Execu		Number and Street,	City, State, Zip Co	ode) Telepho	ne Number (Including Area Code)
Brief Description of Bur Private Investment Fu					
Type of Business Organ			1 0 1		PROCES
☐ corporation ☐ business trust		ited partnership, alre ited partnership, to l		□ other	(please specify):
Actual or Estimated Dat		N	fonth Year 1 0 1	☑ Actual	(please specify): PROCESSE MAY 1 0 2002 State:
Jurisdiction of Incorpora	-	(Enter two-lette	r U.S. Postal Servic FN for other foreign		State: THOMSON E FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑	General and/or Managing Partner
Full Name (Last name first, if indi QPCM GP, LLC	vidual)					
Business or Residence Address 601 Union Street, 56 th Floor, Sea		treet, City, State, Zip Code 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if inde Quellos Capital Management, L	•	,				
Business or Residence Address 601 Union Street, 56 th Floor, Sea			e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or — Managing Partner
Full Name (Last name first, if ind Clarvit, Charles I.	ividual)					
Business or Residence Address 667 Madison Avenue, 25 th Floor	•	treet, City, State, Zip Cod 21	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if ind Greenstein, Jeffrey I.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Sea		treet, City, State, Zip Cod 1 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if ind White, Bryan K.	ividual)					-44
Business or Residence Address 601 Union Street, 56 th Floor, Sec		treet, City, State, Zip Cod n 98101	e)			٠
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind McDonald, Eugene J.	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Sea		treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if ind Nee, Kevin	ividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Cod n 98101	e)			

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑Director		General and/or Managing Partner
Full Name (Last name first, if ind Bontje, Norman D.	lividual)		•			
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Code 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□Director		General and/or Managing Partner
Full Name (Last name first, if ind Bender, Marie M.	lividual)					
Business or Residence Address 601 Union Street, 56 th Floor, Se		treet, City, State, Zip Cod n 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				-	
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					<u> </u>
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)	,		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Business or Residence Address	(Number and S	Street, City, State, Zip Cod	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	dividual)					<u> </u>
Business or Residence Address	(Number and S	Street, City, State, Zip Cod	le)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	dividual)					
Business or Residence Address	(Number and S	Street, City, State, Zip Cod	(e)			
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						edited invest					Yes	No 🗷
2. Wha	t is the mini	mum invest	ment that w	ill be accep	ted from any	y individual?					\$2	* 000,000
										s waived		
											Yes	No
				-							X	
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	or Residen	ce Address	Numbe	er and Stree	t. City. State	e, Zip Code)						
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Name of	f Associated	Broker or I	Dealer									
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States in	Which Per	son Listed F	las Solicited	or Intends	to Solicit Pu	ırchasers		 				
												. !!
(Chec	k "All State	s" or check	individual S	states)						••••••		All States
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Full Nar	ne (Last nar	ne first, if ir	idividual)									
Busines	s or Residen	ce Address	(Numbe	er and Stree	t, City, State	e, Zip Code)					<u>.</u>	
Name of	f Associated	Broker or I	Dealer									
States in	Which Per	son Listed F	las Solicited	l or Intends	to Solicit Pr	urchasers						
(Chec	k "All State	s" or check	individual S	States)				•••••				All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MŚ]	[MO]
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Busines	s or Residen	ce Address	(Numb	er and Stree	t, City, State	e, Zip Code)						
Name of	f Associated	Broker or I	Dealer				·	<i></i>	· <u>-</u>	<u> </u>		
States in	Which Per	son Listed F	las Solicited	l or Intends	to Solicit P	urchasers						
							•••••		••••••	•••••		All States
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(DII	[22]	[CD]	[TNI]	ITYI	[TIT]	D/T1	F37.4.7	fW/A7	fW/V/	FXX/T7	[W/V]	(DD)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sold
	Type of Security Debt	_	
	Equity	\$0 \$ 0	\$ <u>0</u> \$0
	• •	\$0	\$0
	□ common □ Preferred		
	Convertible Securities (including warrants)		\$0
	Partnership Interests	\$ <u>unlimited</u>	\$ <u>32,038,200</u>
	Other (Specify)		\$0
	Total	\$ <u>unlimited</u>	\$ <u>32,038,200</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$_32,038,200
	Non-accredited Investors		\$0
	Total (for filings under Rule 504 only)	N/A	\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$0
	Regulation A		\$0
	Rule 504		\$0
	Total	N/A	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs	<u> </u>	\$ 222.50
	Legal Fees	_ ☑	\$ 53,400
	Accounting Fees.	✓	\$ 13,350
	Engineering Fees	_	\$ 0
	Sales Commissions (specify finders' fees separately)		s 0
	Other Expenses (identify)		\$ <u>0</u> \$0
			\$ 66,972.50
	Total	☑	9 00,712,30

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES AND	USE OF	PROCE	EDS	
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in r difference is the "adjusted gross proceeds to				E 21.07	1 227 50
				\$ 31,97	1,227.50
5. Indicate below the amount of the adjusted gross pro for each of the purposes shown. If the amount for an check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to P.	y purpose is not known, furnish an estimate and of the payments listed must equal the adjusted				
		Officers,	ents to Directors filiates	Paymer Othe	
Salaries and Fees		⊠ \$	*	□ \$	
Purchase of real estate				□ \$	
Purchase, rental or leasing and installation of machi				□ \$	
Construction or leasing of plant buildings and facili				□ \$	
Acquisition of other businesses (including the value be used in exchange for the assets or securities of an	of securities involved in this offering that may nother issuer pursuant to a merger)	□ \$	_0	□ \$	0
Repayment of indebtedness		. 🗆 \$	0	□ \$	0
Working capital		. 🗆 \$	0	□ \$	0
Other (specify) <u>Investment in securities</u>				Ø \$ <u>31,97</u>	1,227.50
Column Totals	☑ \$	*	☑ \$ <u>31,97</u>	1,227.50	
Total Payments Listed (column totals added)	•	Ø \$ <u>31,9</u>	71,227.50*		
* SEE ATTACHMENT					
	D. FEDERAL SIGNATURE				***
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furn nformation furnished by the issuer to any non-accredited	ish to the U.S. Securities and Exchange Commiss investor pursuant to paragraph (b)(2) of Rule 50	ion, upon v			
Issuer (Print or Type)	Signature	Date April 22, 2002			
Quellos Private Capital 2002, L.P. – Quellos US Venture Capital Portfolio	Miss Real		April	. 22, 2002	
Name of Signer (Print or Type) By: QPCM GP, LLC, its general partner By: Quellos Capital Management, L.P, its manager	Title of Signer (Print or Type) Manager		-		
Name of Signer (Print or Type) Marie M. Bender	Title of Signer (Print or Type) General Counsel				
	-				
	ATTENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Attachment to Form D Quellos Private Capital 2002, L.P. - Quellos US Venture Capital Portfolio

Footnote to Part C - Question 5

Salaries and Fees

Quellos Private Capital Markets, L.P., the investment manager of the Fund, will receive an annual management fee, in advance on a quarterly basis as follows:

- (a) *Prior to Sixth Anniversary of Initial Closing*: 1.0% per annum of the aggregate Capital Commitments of the Limited Partners; and
- (b) *After Sixth Anniversary of Initial Closing*: 1.0% per annum of the aggregate capital contributed to Portfolio Funds that has not been liquidated.

Limited Partners admitted after the Initial Closing will contribute to the Fund and the Fund will pay to the Investment Adviser an amount equal to the additional Management Fee that would have been paid had such Limited Partners been admitted to the Fund on the Initial Closing, plus an amount equal to interest thereon at LIBOR plus 3% from the Initial Closing.

In addition, QPCM GP, LLC, the general partner of the Fund, will receive a "Carried Interest Percentage", which shall mean, with respect to Portfolio Funds acquired in the primary market, 5% with respect to investments disposed of by a Portfolio Fund. With respect to Portfolio Funds acquired in the secondary market, "Carried Interest Percentage" shall mean 10% with respect to investments disposed of by a Portfolio Fund.